STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
Elizabeth Chung, Chair – Mark Luckner, Executive Director

February 28, 2020

FY 2020 CHRC Call for Proposals, Applicants invited to present on March 18-19

Promoting delivery of essential health services: primary/preventative care, dental and women's health services – 38 Proposals Submitted, 10 Recommended to Present

Salisbury-Wicomico Integrated First Care Team (SWIFT) and City of Salisbury (Wicomico County). This project would support expansion of the current Mobile Integrated Health/EMS diversion program in Salisbury, providing real time access to primary and preventive care services, and chronic disease management in patient homes. This project seeks to serve Wicomico County residents outside the Salisbury City Fire District service area. The current CHRC grant funded MIH program is one of several grants recently highlighted in the CHRC's Maryland's Rural Health Stories project.

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Frederick Health Hospital (Frederick County). This proposal would support and expand a care coordination service program for low-income seniors living in single-unit housing who typically present with complex health and social service needs. The program would provide an array of services and care coordination that would enable these residents to continue living at home and avoid hospital utilization. The program would be jointly implemented by the Frederick Health System and Frederick County Aging Department. Implementation of this project could provide a worthwhile blueprint for other jurisdictions looking to prepare for its aging population.

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Mobile Medical Care (Montgomery County). The proposal would expand access to health care services by increasing clinical capacity at the existing East Montgomery Service Center from 2.5 to 3.5 days per week and increase access to behavioral health services by one to two days per week. This expanded capacity would provide comprehensive healthcare services to low-income uninsured individuals and Medicaid and Medicare enrollees. Expansion of the bilingual integrated behavioral health services that MobileMed currently provides is a collaboration with Aspire Counseling.

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Vietnamese American Services (Montgomery County). Vietnamese American Services focuses on serving low-income clients with limited English proficiency. Vietnamese residents surveyed by Vietnamese American Services report that they face language barriers in accessing care. Only two local primary care physicians speak Vietnamese and these providers are not accepting new

Medicaid patients. The proposal would assist Vietnamese senior residents to register for health insurance and gain access to healthcare. A CHW position funded under the grant would help facilitate referrals to the MobileMed clinic and help connect these seniors to existing resources. Funding could lead to the establishment of the first senior day care center serving Vietnamese residents in Montgomery County.

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Helping Up Mission (Baltimore City). This proposal would support expansion of the current women's oral health program at Helping Up Mission which provides low-cost/free preventive and restorative dental services to homeless women in recovery from drug addiction. Women enrolled in the program reside at the Mission where they receive an array of social support and wraparound services, case management and vocational assistance.

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Prince George's County Health Department (Prince George's County). This proposal would support a care management program to improve reproductive and maternal health as well as support expanded care management to improve health outcomes for high-risk racial/ethnic minority females who are pre-conceptual, pregnant, or post-partum. The target population is women referred to the Department's Administrative Care Coordination Unit (ACCU), which has a caseload of 1,250 women. The proposal states that the program will bill third-party payers for care coordination services. The proposal states this project would emphasize addressing social determinants of health.

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Access to Wholistic & Productive Living Institute (Prince George's County). This proposal would fund the Bright Beginnings of Prince George's County project to assist high-risk, racial/ethnic minority women who are pregnant, postpartum or diagnosed with cardiovascular disease and/or Type 2 diabetes access to needed health and social services in a timely and effective manner. CHWs would be assigned to provide care coordination, patient navigation and health education services to assist women to overcome social determinants of health and adopt preventive behaviors to achieve better health outcomes. A lifestyle coach would support healthy eating and active living measures.

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Somerset County Health Department (Somerset County). This proposal would support the opening a new School-based Wellness Center (SBWC) at Washington High School for students and staff. Many students who attend Washington High School live in distressed neighborhoods and are at greater risk for negative outcomes including poor physical and mental health, delinquency, and high-risk sexual behavior. The SBWC would address several healthcare service delivery gaps, social determinants of health and health disparities. The CHRC has a long history of supporting SBHCs (a designated community health resource) and currently staffs the Council on Advancement of SBHCs.

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Baltimore City Health Department (Baltimore City). This program, Reproductive Planning and Access Now! would expand access to reproductive planning for women engaged in SUD treatment and recovery services who experience a disproportionately high level of unmet reproductive

health needs and have other complex health and social service needs. Through improved access to on-site clinical family planning services, the program seeks to reduce the number of unintended pregnancies, which are estimated to represent 90% of pregnancies among women with SUD.

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Corsica River Mental Health Services, Inc. (Kent, Queen Anne's, Caroline, Talbot & Dorchester Counties). The Care Connections program would support a care transition team to provide services to individuals following hospital discharge. The Care Connections Team would conduct comprehensive health assessments and develop a person-centered care plan within 2-3 days of hospital discharge. The Team would use Motivational Interviewing, Illness Management Recovery, a Wellness Recovery Action Plan and Family Psychoeducation practices to initiate and maintain participant engagement. The program plans to use the GoMo Health Concierge mobile application to encourage participants to take a proactive approach to managing their care, and deliver personalized text messages about nutrition, health, exercise and emotional support.

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Behavioral Health Care – 14 Proposals Submitted; 8 Recommended to Present

Choptank Community Health (Caroline, Dorchester & Talbot Counties). This proposal would fund initiation of mental health services for vulnerable adults and children at the new Choptank Denton practice, in an underserved area for mental health services and substance use treatment. The Denton location currently provides integrated somatic and dental care to adults and children. The program would help promote integration of somatic and behavioral health services on-site rather than through a contractual partnership with an existing mental health provider. Choptank currently offers MAT at one other primary care practice and this grant would support provision of SUD treatment at the Denton location in subsequent years.

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Pressley Ridge (Baltimore & Washington Counties). This proposal would support the HOMEBUILDERS model, which is an evidenced-based family preservation program that serves families impacted by the opioid crisis who are referred by Child Protective Services, with specific focus on infants and children at serious risk for removal from the home. The program provides intensive in-home services to vulnerable families with complex health and social service needs over a 28-day period, and referrals for specialized addiction services outside the home.

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Worcester Youth & Family Counseling (Worcester County). The proposal would expand existing service capacity and accelerate access to mental health services on the Eastern Shore by helping to reduce a current two-month waiting list. The program would support a licensed clinical supervisor and a master's level social work graduate during completion of their required 3,000 hours of supervised clinical social work required for LCSW licensure. The program seeks to serve vulnerable, at-risk low-income residents in Worcester County.

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Garrett County Lighthouse (Garrett County). Garrett County Lighthouse currently serves individuals with serious and persistent mental illness. This program would support an array of

services to individuals with SUD treatment needs in this rural and underserved area of the state, including case management, individual and group therapy, assessment and skills development. The proposal indicates that over the last five years in Garrett County, 47% of children with a parent having a SUD issue have been removed from the home, and the Garrett County Health Department has reported approximately 49 new diagnoses each year.

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Tuerk House (Baltimore City). This proposal would support the opening of an "urgent" care center at the current Tuerk House location in Baltimore City. The new center would offer greater access to a range of behavioral health services including substance use and medication-assisted treatment. The program would also help connect clients to community resources from ongoing healthcare to housing assistance and work force development opportunities which contribute to successful recovery. Grant funding would be used primarily to support the hiring of clinical professional and peer recovery staff for the new center.

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Baltimore City Health Department (Baltimore City). This proposal would fund expansion of the current mobile health clinic program called Healthcare on the Spot (The Spot). The Spot current offers integrated medical services and co-locates with substance use treatment programs, drop-in centers and a syringe exchange program run by the Baltimore City Health Department. This proposal would help The Spot engage individuals that use drugs for expanded HCV testing and treatment.

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Behavioral Life Leadership Institute (Baltimore City). This proposal aims to expand the existing Behavioral Life Leadership Institute's "pop-up" clinic program that uses a mobile van to provide access to low-threshold medication for opioid use disorder to vulnerable residents at two new sites in Baltimore City which have requested these services. The target population includes justice-involved residents who are shunned from traditional SUD programs and homeless individuals who are impacted by multiple barriers to accessing health care services. The program currently provides services a half-day per week per site, at three sites in Baltimore City.

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Meritus Medical Center (Washington County). This program would support screenings for individuals with SUD treatment needs, crisis intervention and stabilization, care planning and care coordination, and ongoing client support through recovery. Meritus Medical Center has implemented several inpatient initiatives to address SUD and this program would focus on care gaps following discharge. The project team to be funded by the CHRC grant would follow-up and stay connected with individuals 100 days post-discharge from the hospital. The proposal aims to extend the hospital's relationship with SUD patients, institute a peer support program following crisis intervention/stabilization at the hospital, and address social determinants of health and barriers to support services during recovery.

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Food Security and Diabetes – 27 Proposals Submitted; 12 Proposals Recommended to Present

Moveable Feast (Anne Arundel, Baltimore County, Caroline, Cecil, Dorchester, Harford, Howard, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties). Moveable Feast seeks to serve vulnerable, low-income, homebound diabetic clients. The grant would support expansion of the currently successful program that delivers free medically tailored meals to vulnerable home bound individuals who have prediabetes or diabetes and other chronic conditions, and experience food insecurity and malnutrition. Clients will also be offered medical nutrition therapy courses, and the beneficial effects of increased social contacts with Mobile Feast staff and volunteers.

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Food and Friends (Calvert, Frederick, Charles, Montgomery, Prince George's, St. Mary's, and Washington Counties). Food & Friends proposes an expansion of their current home-delivered medically tailored free meals program for individuals identified by MedStar Family Choice and MedStar Health with type II diabetes, food insecurity, malnutrition, and limitations of Activities of Daily Living. This application seeks to continue to build the case for coverage by public and private payors to address social determinates of health. The applicant navigates clients towards the Supplemental Nutrition Assistance Program (SNAP) and publicly funding health insurance. Transportation and nutrition education barriers are overcome through the delivery of meals. The volunteer delivery mechanism and 'case for coverage' are the primary sources of sustainability and there is strong endorsement from MedStar Family Choice MCO.

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Chesapeake Food Pantry (Calvert County and surrounding Southern Shore communities). Chesapeake Food Pantry (the largest food pantry in Southern Maryland) proposes the Eat Smart, Move More Calvert! pilot program which seeks to serve low income food pantry clients with diabetes and/or prediabetes. CHRC grant funding would support the hiring of a Food Ambassador to develop a team of volunteer health coaches and provide for cooking classes and food distribution costs. This program would also leverage multiple health resources and community supports for participants. Multiple services pertinent to the client for achieving health and addressing other social determinants of health are provided at no cost.

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Primary Care Coalition (Prince George's County). Primary Care Coalition seeks funding to implement the Food Is Medicine model, an evidence-based medical food and nutrition intervention to serve vulnerable, low-income food insecure patients. The program would offer two service pathways: navigation to food assistance for individuals without a diabetes or prediabetes diagnosis; or referral to a 12-week nutrition education program with food assistance. Primary Care Coalition would use a variant of the National Diabetes Prevention Program (Stanford Protocol) which is tailored to work effectively in resource constrained settings. Clinical and biometric measures will be assessed. The grant would support the hiring of nine CHWs who link provider referred patients to food assistance and nutrition education. This program also implements mechanisms and tools that providers can use to ensure referrals to the Food Is Medicine program.

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Cecil County Health Department (Cecil County). Cecil County Health Department proposes the Cecil County Diabetes Action Plan Project which aims to expand delivery of the evidence-based National Diabetes Prevention Program to under-served, vulnerable low-income individuals whilst

addressing common barriers to program recruitment and retention including lack of transportation and high medical expenses. Childcare vouchers will also be distributed to parents to encourage Diabetes Prevention Program attendance. Cecil County Health Department plans to convene their Local Health Improvement Coalition (LHIC) as the coordinating body.

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Johns Hopkins University SOM / Rales Health Center (Baltimore City). This proposal by the Johns Hopkins University School of Medicine, Department of Pediatrics would expand the SBHC program at the KIPP Harmony and KIPP Ujima Village Academies, serving K-8 low-income minority children at the Rales Health Center in West Baltimore. This program seeks to increase access to healthy food for children living in Healthy Food Priority areas, facilitate early clinical identification of children who are overweight and obese, and engage these students in weight management clinical care. The program will screen for food security and develop a system for referral to the school-based food pantry and support ongoing implementation of the Fitness Gram screening program.

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Mountain Laurel Medical Center (Western Maryland Healthcare – Allegany and Garrett Counties). This proposal by Mountain Laurel Medical Center would, through its three primary care delivery locations, expand access to chronic care management services for patient with uncontrolled diabetes who are uninsured/underinsured, or classified as low income, and offer free diabetes self-management education classes to improve diabetes self-management and health outcomes. The proposal funds an LPN Navigator to help patients secure their diabetes medication through assistance programs, and two RNs for diabetes self-management education delivery.

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My Brother's Keeper (Associated Catholic Charities – Baltimore City). This proposal by My Brother's Keeper, in partnership with St. Agnes Ascension Health, seeks to establish an on-site medical home for My Brother's Keeper clients and low-income, underserved and at-risk adult and teenager residents of the surrounding area. The new clinic would provide treatment for acute illness and chronic disease, including diabetes and its comorbidities. Services will be targeted to those who currently access primary and/or urgent care through emergency departments. Clinic patients will be screened for diabetes and prediabetes and have access to evidence-based lifestyle change programs, Diabetes Self-Management Education and Supports (DSMES), Medical Nutrition Therapy (MNT) and the National Diabetes Prevention Program.

Lower Shore Clinic (Lower Shore Counties). This proposal by Lower Shore Clinic (a current grantee) seeks to improve access to healthy food for vulnerable clients with serious mental illness (SMI) who have prediabetes and diabetes by hiring a Healthy Foods coordinator to develop sustainable relationships with farmers, food distribution companies and local supermarkets to obtain food that is about to expire and would otherwise be wasted. This would improve food security, stretch food budgets and supplement SNAP. Lower Shore clients will also receive nutrition education, training on food preservation techniques and safe food storage, and opportunities to engage in physical activity. This proposal follows the Geisinger Health System "Farmacy" model which has demonstrated effectiveness and is validated.

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Anne Arundel County Health Department (Anne Arundel County). This proposal by Anne Arundel County Health Department seeks to expand the capacity of the current food pantry in the county's largest food desert area, increase support for the farmer's market, and support a new, second pantry in partnership with a community organization in Brooklyn Park. An existing program, with funding support from the CHRC, enjoys broad support through association with several community and county partners and volunteers. Improving diabetes outcomes will be achieved through better nutrition and healthier food choices, addressing obesity, and use of diabetes disease prevention and management education.

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Montgomery County Department of Health and Human Services (Montgomery County). This proposal by the Montgomery County DHHS proposes a multipronged approach to addressing emergency department use through better disease management among patients with type II diabetes. DHHS will use risk prediction to identify eligible patients. Once enrolled, patients would have access to the Chronic Care Model (CCM) and other wrap around services, including social resources to overcome social determinants of health largely delivered by CHWs. This project is highly focused on decreasing diabetes-related Emergency Department (ED) use with a target reduction of 10%.

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Upper Shore Aging (Caroline, Kent and Talbot Counties). This proposal by Upper Shore Aging seeks to increase diabetes risk screening for all low-income seniors served by Upper Shore Aging, including those attending senior centers and home bound seniors. Home screenings will be performed in partnership with Meals on Wheels. The applicant seeks to increase awareness of diabetes risk factors and provide risk prevention education and increase food security by improving access to healthy fruit and vegetables delivered with Meals on Wheels home meals. The proposal would increase collaboration among health care providers and will work with the Kent County Health Department/DSS to increase no cost access to Diabetes Prevention Programs for Medicare recipients.